

ALLEN BOYD  
SECOND DISTRICT, FLORIDA

COMMITTEE:  
APPROPRIATIONS

SUBCOMMITTEES:  
AGRICULTURE AND RELATED AGENCIES

DEFENSE

FINANCIAL SERVICES  
AND GENERAL GOVERNMENT

COMMITTEE:  
BUDGET

THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE CONSTITUENT BEFORE INFORMATION CAN BE DISCLOSED FROM THE RECORDS OF A GOVERNMENT AGENCY. SO THAT I MAY ACT ON YOUR BEHALF, I WOULD APPRECIATE YOUR COMPLETING THIS FORM AND RETURNING IT TO MY OFFICE. (If you are inquiring on behalf of someone else, it is necessary for THAT PERSON to sign this release.)

**PLEASE PRINT**

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

WASHINGTON OFFICE:  
1227 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-5235

DISTRICT OFFICES:  
LAKESIDE BUILDING, SUITE 103  
1650 SUMMIT LAKE DRIVE  
TALLAHASSEE, FL 32317  
(850) 561-3979

30 WEST GOVERNMENT STREET, ROOM 203  
PANAMA CITY, FL 32401  
(850) 785-0812

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
POST OFFICE BOX OR STREET ADDRESS CITY ZIP CODE

PHONE \_\_\_\_\_  
HOME WORK CELL

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MILITARY SERVICE \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
BRANCH SERVICE NUMBER DATES OF SERVICE

VA CLAIM NUMBER \_\_\_\_\_

ALIEN NUMBER \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

ACTION REQUESTED (ATTACH ADDITIONAL PAPER IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR SIGNATURE IS REQUIRED FOR YOUR CASE TO BE PROCESSED**

*I HEREBY REQUEST THE ASSISTANCE OF THE OFFICE OF CONGRESSMAN ALLEN BOYD TO RESOLVE THE MATTER DESCRIBED ABOVE. I AUTHORIZE CONGRESSMAN BOYD AND HIS STAFF TO RECEIVE INFORMATION PERTAINING TO MY REQUEST FOR ASSISTANCE.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I ALSO AUTHORIZE CONGRESSMAN BOYD TO RELEASE MY INFORMATION TO THE FOLLOWING INDIVIDUAL(S):*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

IF YOU HAVE A CURRENT CLAIM WITH SOCIAL SECURITY, PLEASE CHECK WHERE YOUR CLAIM IS NOW:

☐ INITIAL ☐ RECONSIDERATION ☐ HEARING BEFORE JUDGE ☐ APPEALS COUNCIL

RETURN TO: CONGRESSMAN ALLEN BOYD, 1650 SUMMIT LAKE DRIVE, SUITE 103, TALLAHASSEE, FL 32317  
OFFICE: 850-561-3979 FAX: 850-681-2902